

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

RECEIVED

1 / 14

For Official Use Only

Statement covers period

from 10/01/2006

through 10/21/2006

Date of election if applicable:

(Month, Day, Year)

11/07/2006

CITY CLERK  
CITY OF LODI

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Commis - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee

- ☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

Ballot Measure Committee

- ☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

Primary Formed Candidate/  
Officeholder Committee

(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement

- ☒ Amendment (Explain below)

Changes to Summary page and Schedule F

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

D.NJMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Lodi Residents for Katzakian

STREET ADDRESS (NO P.O. BOX)  
48 River Pointe Circle

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95240 (209) 369-6016

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Christine Katzakian

MAILING ADDRESS  
48 River Points Circle

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95240

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and viewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/31/2006 By Mr Chris Katzakian

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/31/2006 By Mr Phil Katzakian

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on By

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on By

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA FORM <b>460</b>  13 / 14  I.D. NUMBER _____
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Residents for Katzakian

2006 OCT 31 PM 3:42

CITY CLERK  
CITY OF LODI

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Strategic Research 3333 Country Club Blvd.  Stockton CA 95204	CMP Campaign material	0.00	8912.64	0.00	8912.64

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$** 0.00\$ 8912.64\$ 0.00\$ 8912.64

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 8912.64
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 8912.64  
May be a negative number.